



UTAH DEPARTMENT OF
ENVIRONMENTAL QUALITY
Division of Environmental
Response and Remediation

Petroleum Storage Tank (PST) Section
P.O. Box 144840
Salt Lake City, Utah 84114-4840
PHONE: (801) 536-4100
FAX: (801) 359-8853
TDD: (801) 536-4414

Petroleum Storage Tank (PST) Trust Fund Claims Procedure and PST Fund Eligibility Application Form

Facility Identification No. _____, Release Site _____,
_____, located at _____, _____, Utah.

The PST Trust Fund is a voluntary fund available to participating owners/operators. If you are a participant, you may be eligible to make a claim against the PST Trust Fund for a petroleum release. If eligible, funds are available to help in the abatement, investigation, and cleanup of your release. There are time constraints provided by statute that may cause an otherwise eligible release to become ineligible. Therefore, it is important to file your eligibility application promptly. Please contact the DERR's PST Section at (801) 536-4100 and request a PST Trust Fund Claims Packet.

The PST Trust Fund was established to help petroleum tank owners/operators (responsible parties) meet the financial burden of a petroleum release. However, prior to PST Trust Fund payment, eligibility criteria must be met and a deductible is required. The deductible amount for releases which occurred and were reported prior to July 1, 1994 is \$25,000 of eligible costs and \$10,000 for releases which occurred and were reported after that date. NOTE: Because not all costs are considered eligible and the eligibility criteria is critical for you being able to qualify for payments from the PST Trust Fund, please contact the Division's PST Section if you have any questions regarding the PST Trust Fund or claims process.

To establish PST Trust Fund eligibility and financial assistance, please complete the following steps:

1. To file a claim against the PST Trust Fund, complete and submit the PST Trust Fund Eligibility Application to the DERR (form is on the back side of this notice). Should you qualify for PST funding, you will be informed in writing and receive a PST Trust Fund Claims Packet with a Customer Guidebook to aid you in the claims/payment process.
2. The certified consultant that you choose must have a current Statement of Qualification (SOQ) approved by the DERR. If your certified consultant does not have an approved SOQ, the work they perform may not be reimbursable by the PST Trust Fund. If your consultant is not certified, his/her work is not reimbursable.
3. Submit itemized expenses on the Utah State Petroleum Storage Tank Trust Fund/Request for Payment Voucher (included in the PST Trust Fund Claims Packet), proof of payment for your deductible amount and copies of all invoices.
4. To receive reimbursement, work plan(s) and budget(s) for any amount exceeding the deductible for abatement, investigation, or corrective action must be approved by the DERR **prior** to implementation.
5. For PST Trust Fund reimbursement payment, submit claims regularly on the Utah State Petroleum Storage Tank Trust Fund/Request for Payment Voucher. Include copies of invoices, proof of payment and itemize time and material expenses.
6. Should emergency actions be needed at the release site, contact your state-assigned project manager at (801) 536-4100. Changes in approved work plan(s) or budget(s) require written approval from the DERR project manager prior to the change being implemented.

If you have any questions, please call _____
at (801) 536-4100 or at (801) 536-_____.

(Over)

<h1 style="margin: 0;">PST Trust Fund Eligibility Application Form</h1>		Utah Department of Environmental Quality Division of Environmental Response and Remediation Petroleum Storage Tank (PST) Section	
Certificate of Compliance Number & Expiration Date		Were tanks in compliance when leak was detected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LUST Release Number (if issued)	Facility ID Number	Tax ID Number	
Applicant Name (please print)		Signature	Date
Mailing Address			
City		State	Zip Telephone ()
Applicant is a: <input type="checkbox"/> Tank System Owner <input type="checkbox"/> Facility Owner <input type="checkbox"/> Tank System Operator <input type="checkbox"/> Land Owner*			
If the tank system owner or operator, the facility owner, or owner of the land on which the tank system is located is different than the applicant shown above, complete the appropriate spaces in this portion of the form.	<input type="checkbox"/> Tank System Owner <input type="checkbox"/> Facility Owner <input type="checkbox"/> Tank System Operator <input type="checkbox"/> Land Owner		
	Mailing Address		
	Telephone		
	Dates of Ownership From _____ To _____		
Name of facility where the release occurred:			
Facility Address:			
Contact person at the facility:		Telephone ()	
Date Release occurred or was discovered:		Date release was reported to the DERR:	
Number of tank systems that contributed to the release at the site (attach additional sheets if needed).			
Tank Number	Tank Volume	Product	Installation/Closure Date
Is this release covered under independent insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of tank systems that were or will be removed during the course of this site cleanup?			
How was the release confirmed? (Attach a brief summary that includes laboratory analysis, field instrument readings, visual observations, tank tightness test results, etc.)			
Is there evidence of a previous release? If so, describe how the release was determined.			

*Must demonstrate authority to file claim

2/02